



**BRADLEY MEMORIAL HOSPITAL
And Health Center, Inc.**

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Clarence J. Silvia
President and CEO

OFFICE OF
HEALTH CARE ACCESS

November 4, 2004

Cristine A. Vogel, Commissioner
Office of Health Care Access
410 Capital Avenue, MS #13HCA
P.O. Box 340308
Hartford, Connecticut 06134-0308

RE: Letter of Intent
Bradley Memorial Hospital and Health Center
Medical Office Building

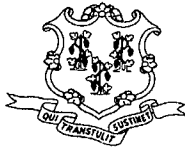
Dear Commissioner Vogel:

Enclosed are an original and five copies of the Letter of Intent submitted on behalf of Bradley Memorial Hospital and Health Center regarding our proposal to construct a medical office building on campus.

If you require any additional information about this proposal, please contact Claudio Capone, Director of Management Systems/Planning at (860) 224-5279.

Sincerely,

Clarence J. Silvia
President and CEO
Bradley Memorial Hospital
and Health Center



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CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

**State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030**

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One
Full legal name	Bradley Memorial Hospital
Doing Business As	
Name of Parent Corporation	Central Connecticut Health Alliance
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	81 Meriden Avenue Southington, CT 06489
Applicant type (e.g., profit/non-profit)	NP - Not for Profit
Contact person, including title or position	Clarence J. Silvia President and CEO
Contact person's street mailing address	81 Meriden Avenue Southington, CT 06489
Contact person's phone #, fax # and e-mail address	(phn) (860) 224-5723 (fax) (860) 224-5740

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Medical Office Building

b. Type of Proposal, please check all that apply:

☒ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> New (F, S, Fnc) | <input type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:☒ Project expenditure/cost greater than \$ 1,000,000☐ Equipment Acquisition greater than \$ 400,000

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> New | <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> Major Medical |
| <input type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator | |

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

Southington, CT 06489

d. List all the municipalities this project is intended to serve:

Southington, Cheshire, Bristol, Meriden, Plainville, New Britain, Berline. Estimated starting date for the project: April 1, 2005

- f. Type of project: 27 (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed
Not Applicable				

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$ 2.4 million
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	2.4 million
Medical Equipment (Purchase)	0
Imaging Equipment (Purchase)	0
Non-Medical Equipment (Purchase)	0
Sales Tax	0
Delivery & Installation	0
Total Capital Expenditure	2.4 million
Fair Market Value of Leased Equipment	0
Total Capital Cost	2.4 million

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

Please see Attachment H for vendor contract.

c. Type of financing or funding source (more than one can be checked):

- ☐ Applicant's Equity ☐ Lease Financing ☐ Conventional Loan
☐ Charitable Contributions ☐ CHEFA Financing ☐ Grant Funding
☐ Funded Depreciation ☒ Other (specify): Endowment Fund

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

Please see Attachment A for Project Description.

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

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CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

AFFIDAVIT

Applicant: Bradley Memorial Hospital

Project Title: Medical Office Building

I, Clarence J. Silvia, President and CEO
(Name) (Position – CEO or CFO)

of Bradley Memorial Hospital being duly sworn, depose and state that the

information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to
the best of my knowledge, and that Bradley Memorial Hospital complies with the appropriate and
(Facility Name)

applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486
and/or 4-181 of the Connecticut General Statutes.

Clarence J. Silvia
Signature

11/8/04
Date

Subscribed and sworn to before me on 11/8/04

Joyce M. Hawrylik
Notary Public/Commissioner of Superior Court

JOYCE M. HAWRYLIK
NOTARY PUBLIC
MY COMMISSION EXPIRES DEC. 31, 2004

My commission expires: _____

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Amuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

Bradley Memorial Hospital

Letter of Intent

Medical Office Building

Project Description

Introduction

In this Letter, Bradley Memorial Hospital and Health Center is requesting a determination on the need for a Certificate of Need regarding their proposal to construct a Medical Office Building to improve the access to care for the communities it serves.

Proposed Medical Office Building

Over the past twenty years, Bradley Memorial Hospital has purchased a number of properties surrounding the hospital campus. In accordance with the hospital's strategic plan, the recruitment and retention of physicians has been determined to be a critical success factor in improving the quality, accessibility and cost efficiency of the health care services delivered to the communities served by this institution. By constructing a modern Medical Office Building, Bradley Memorial Hospital will be able to retain current physicians and attract new ones without disrupting the continuity of care for the community it serves.

There is a demonstrated need to provide office space to physicians practicing at Bradley Memorial Hospital. Currently, physicians' offices are dispersed throughout the immediate area. Many of the existing offices and treatment areas are in need of renovations. The proposed MOB will consolidate existing disparate physician offices into a central location. By moving physicians into a central location conveniently located on the hospital campus, the following positive results can occur:

- Facilitating the office visit process for patients through improved facility designs.
- Improve quality of care through better-designed treatment spaces.
- Improve the access to primary care physicians and specialists.

Bradley Memorial Hospital will fund the construction of the physical structure of the MOB. The hospital will be leasing the space to the physicians at current market rates. Physicians will either provide and/or purchase their own medical equipment as well as furnishings.

Bradley Memorial Hospital has acquired the final approvals as required from the appropriate regulatory and zoning boards. The institution is awaiting final approval from OHCA on the acceptance of this proposal.

Conclusion

This proposal will have no adverse affect on the delivery of care as well as no significant impact on rates or patient charges. We respectfully request a determination by the Office of Health Care Access that the construction of this Medical Office Building will not require a certificate of need.

Supplemental Information:

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.

Bradley Memorial Hospital and Health Center is licensed as an acute care hospital. It offers a broad range of acute care services in the inpatient and outpatient settings.

A copy of the Department of Public Health license held by this facility is presented in Attachment B.

2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?

No change in the services offered at this facility is proposed in this application.

In this proposal, the Applicant is seeking to construct a Medical Office Building to retain and attract new physicians; therefore, offering the community more efficient access to care. No new DPH licensure categories are being sought.

3. Who is the current population served and who is the target population to be served?

Bradley Memorial Hospital currently receives nearly 76% of its discharges from a single town, Southington. For practical purposes this town alone is considered the BMH Primary Service Area. The towns of Cheshire, Bristol, Meriden and Plainville all contribute more than 2% to Bradley Memorial's discharge total and are in the group of towns with Southington making up 90% of the Hospital's total discharges. These towns are considered as secondary service area towns. There will be no change in the population served.

4. Identify any unmet need and how this project will fulfill that need.

This project will improve the accessibility of services through the construction of a modern Medical Office Building on the hospital's campus. The community will have better access to care. Please see the Project Description for additional information.

5. Are there any similar existing service providers in the proposed geographic area?

Since Bradley Memorial Hospital is currently a provider in this area, this proposal is not expected to have a significant impact on the patient volumes, financial stability or the quality of care offered by the other providers of service.

6. What is the effect of this project on the healthcare delivery system in the State of Connecticut?

This proposal will improve the delivery of health care in central Connecticut by providing an up-to-date facility for patients, physicians, and staff. In addition, the proposal responds to the growing needs of recruiting and retaining quality physicians. Finally, it affords the community to have improved access to care.

7. Who will be responsible for providing the service?

The responsibility for providing services at the MOB would not be changed by this project. Services currently provided at physician's offices would continue to be provided in the new facility.

8. Who are the payers of this service?

The payor sources for services rendered at the new Medical Office Building will be the same as they are today, as payer mix is not expected to be impacted by the facility project.

STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. 0026

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Bradley Memorial Hospital and Health Center, Inc. of Southington, CT, d/b/a Bradley Memorial Hospital and Health Center is hereby licensed to maintain and operate a General Hospital.

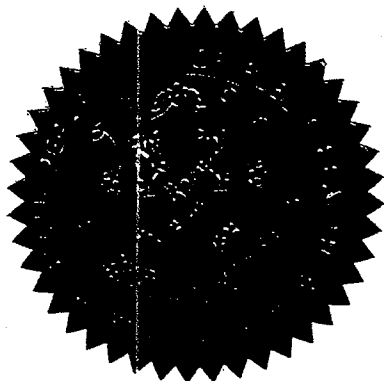
Bradley Memorial Hospital and Health Center is located at 81 Meriden Avenue, Southington, CT 06489

The maximum number of beds shall not exceed at any time:

84 General Hospital beds

This license expires **June 30, 2005** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, July 1, 2003. RENEWAL.



J. H. Garcia, MD, MBA
Joxel Garcia, MD, MBA, Commissioner